

AD-A278-224

File

THE RELATIVE VALUES OF THE ARMY
HEALTH NURSE TO THE MILITARY
COMMUNITY

A Report of a Study
Submitted to
the Faculty of the Department of Nursing
Army Medical Service School

In Partial Fulfillment
of the Requirements in
Nursing Administration

by

Major Frances Olszowy, ANC, Chairman
Major Jenevieve Benson, ANC
Major Charlotte Nolan, ANC
Captain Jane Mady, USAF, Secretary
Captain Clara Orsini, ANC
Captain Alma Paetzold, ANC
Captain Mary Vaughan, ANC

94-09825



ARMY MEDICAL SERVICE SCHOOL
BROOKS ARMY MEDICAL CENTER
FORT SAM HOUSTON, TEXAS

March - 1957

DTIC QUALITY INSPECTED 1

Best Available Copy

94 3 31 12

ACKNOWLEDGEMENTS

The committee wishes to express sincerest appreciation and gratitude for the guidance, suggestions, and encouragement given us by Major Dorothy Elliott, ANC, a member of the faculty of Army Medical Service School, whose assistance made this research paper possible.

We also acknowledge the cooperation we received from the Army Health Nurses who furnished the necessary information obtained in this study.

Accession For	
NTIS GRA&I	<input checked="" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By	
Distribution/	
Availability Codes	
Dist	Avail and/or Special
A-1	

FOREWARD

A new concept of the meaning of health services has gradually evolved over the years. The prevention of disease and the maintenance of health are fast becoming key-notes in the medical field.

As a result of this new trend, the old concept of the nurse as a handmaid to the doctor, and a soother of fevered brows has been replaced with the picture of a skilled teacher and health counsel or, a reliable and accurate arm of the epidemiological service, and a thoughtful participant in community planning and action. The skills have not been forgotten, for the care of the sick is still a tremendously important nursing responsibility, but the care of the sick is now only one part of the many faceted jobs which the public health nurse is expected to carry.

¹Freeman, Ruth B., Techniques of Supervision in Public Health Nursing, Philadelphia and London, 1950, p. 3.

LIST OF TABLES AND CHARTS

Page

TABLE

- | | | |
|----|--|---|
| I. | NUMBER AND PER CENT DISTRIBUTION OF NURSES STUDIED IN RELATION TO LENGTH OF MILITARY SERVICE, CURRENT MILITARY GRADE, AND MILITARY OCCUPATIONAL SPECIALTY..... | 9 |
|----|--|---|

CHART

- | | | |
|------|---|----|
| I. | RECORDS AND REPORTS FOR WHICH NURSES STUDIED WERE RESPONSIBLE AND THE FREQUENCY OF OCCURRENCE..... | 12 |
| II. | PLACES TO WHICH RECORDS AND REPORTS WERE SENT BY NURSES STUDIED AND THE FREQUENCY OF OCCURRENCE..... | 13 |
| III. | COMMUNITY AGENCIES WITH WHICH NURSES STUDIED INDICATED THEY HAD CLOSE WORKING RELATIONSHIPS AND FREQUENCY OF OCCURRENCE..... | 15 |
| IV. | PROBLEMS THAT OCCUR IN THE OPERATION OF AN ARMY HEALTH PROGRAM AS STATED BY NURSES STUDIED AND THE FREQUENCY OF OCCURRENCE..... | 17 |
| V. | RECOMMENDATIONS OR SUGGESTIONS AS STATED BY NURSES STUDIED AND THE FREQUENCY OF OCCURRENCE..... | 18 |

TABLE OF CONTENTS

	<u>Page</u>
ACKNOWLEDGEMENTS.....	11
FOREWORD.....	111
LIST OF TABLES AND CHARTS.....	17
CHAPTER	
I. INTRODUCTION.....	1
II. METHODOLOGY.....	6
III. PRESENTATION AND INTERPRETATION OF DATA	8
IV. SUMMARY AND RECOMMENDATIONS.....	21
BIBLIOGRAPHY.....	21
APPENDIX	
COPY OF COVERING LETTER TO QUESTIONNAIRE.	32
COPY OF QUESTIONNAIRE.....	33

CHAPTER I

INTRODUCTION

This report is concerned with a study to determine the relative values of the Army Health Nurse to the Military Community; to recognize problems encountered by the Army Health Nurse; and to propose recommendations for over-all improvement of the Army Health Nursing Service.

The improvement of the health of military families, as a whole, is becoming a greater need due to the increasing number of dependents residing on military installations. Since World War II, it has been necessary to maintain a large standing Army - one with a purpose. This purpose is evident in the form of a career pattern which has been formulated to better the over-all defense of our country. The new type Army attracts men of a younger age group in larger number, and it is this group who are marrying, having families, and selecting the Army as a career.

Once established in military life, these families encounter problems as social, psychological and health hazards which are the concern of the Army Medical Service. In order to alleviate some of these problems, and to render concrete aid to the military man and his family, it is necessary for the Army Medical Service to have a well

2

organized, functional, and positive Health Program.

The Army Health Nursing Program, at the local level, is under the direction of the installation surgeon in coordination with the Preventive Medicine Officer. The qualifications for the Army Health Nurse are stated in Department of the Army Regulations 40-551, "Army Health Nursing Program." This regulation states the specific functions of the Army Health Nurse in establishing, on a full time basis, an Army Health Program.¹

In carrying out her program, the Army Health Nurse assists in the prevention and control of communicable infectious, and crippling diseases by case findings and reports. In addition, she is responsible for teaching and counseling in family health. The educational program includes pre-natal, maternal and child health through the conduct of formal classes; demonstrations; group discussions; interviews; and conferences. Supervision of child health is carried out by clinic conferences, home visits, and school health programs.

The Army Health Nurse assists in solving physical, emotional, and economic problems of the soldier and his family by arranging the proper treatment or referral to appropriate agencies - on or off the military installation. Also, it is important that the Health Nurse evaluate the

¹Army Regulation 40-551, "Army Health Nursing Program", Local Service, 17 Aug 1955.

3

home situation of patients being released from the hospital to determine the feasibility of supervised nursing care in the home.

It is important for the Army Health Nurse to establish and maintain liaison with local Public Health and Welfare Agencies on matters relative to the Army Health Nursing Program. In order to have full co-operation and understanding of the Army Health Nursing Program, the Army Health Nurse has need to establish a good working relationship with her own installation by participating in conferences, at all levels, with hospital staff and personnel.

It seemed that a study, such as this, was indicated in order to determine the relative values of the Army Health Nurse in relation to the importance of her role as a member of the Army Health Team, and the increasing demands for health care.

Although there have been many books and articles written on Public Health Nursing, there have been very few published that relate specifically to the Army Health Nursing Service. Since the Army Health Service program is a comparatively new program, the group felt that a research study would be beneficial and profitable as information and data collected would help in determining the relative values of the Army Health Nurse to the Military Community. In order to best accomplish this research, the group formulated these

objectives:

1. To gather and evaluate the opinions and attitudes of a selected group to determine the values of the Army Health Nurse in the Military Community.
2. To determine the adequacy of the educational qualifications of the Army Health Nurse.
3. To show the need for a qualified Army Health Nurse.
4. To show the importance of the team approach to nursing care in order that both professional personnel and the laity can fully understand and appreciate the reasons and needs for the program.

A survey of the literature in the field of Public Health, revealed few studies concerned with the Army Health Nursing Service pertaining to military families, in that the program is still in its early stage of development and growth. The first Army Regulation was published in January, 1950, with rather vague policies set forth -- permissive only in content. In August, 1955, a revised Regulation, Army Regulation 40-551 was published in which it was stated that an Army Health Nurse will be required on a full-time basis wherever an Army Health Program is in effect, and that she will work in coordination with a Preventive Medicine Officer under the direction of the installation surgeon.

Additional information was obtained from papers written by Lt. Col. James P. Pappas and Colonel Thomas G. Paison

which were published in the U. S. Armed Forces Medical Journal and a paper, "The Army Health Nursing Program," which was presented by Major Elizabeth Pagels at the Army Health Institute held in Washington, D. C., May 1955.

In reviewing the report from the first Army Health Institute which was held in Washington, D. C., May 1955, it was found that there is great need for Army Health Nurses in that they cover many aspects of Public Health Nursing and their problems are numerous.²

It was the opinion of the study group that the following assumptions seemed logical:

1. That the Army Health Nurse is not being utilized to her fullest capacity on Military Installations in the performance of her duties.
2. That there is a lack of knowledge and understanding regarding the functions of the Army Health Nursing Service due to inadequate orientation of all military personnel and their dependents.
3. That the need is great for formulating standard policies and well-defined lines of communication for the proper implementation of the Army Health Nursing Service.
4. That a central agency is needed for guidance, consultation, and a general exchange of ideas for better continuity and coordination of the program.

²Elizabeth Pagels, Major, ANC, The Army Health Nursing Program, Army Health Institute, Washington, D.C., May 1955.

CHAPTER II

METHODOLOGY

In order to best approach the problem, Department of Army Regulation 40-551 "The Army Health Nurse Program" was used as a guide. Further to ascertain an over-all picture of the programs being carried out by Army Health Nurses in different commands throughout the Army, questionnaires were distributed to fifty-two Army Health Nurses.

It was the opinion of the group that officers assigned to Army Health Nursing duties could best furnish data pertinent to the study. It seemed necessary to obtain information about the military status of Army Health Nurses; their military experience in Army Health Nursing; their current duties and responsibilities; and to secure their opinions about how the Army Health Nursing Program might be improved. Therefore questionnaire items were formulated in these areas. A copy of the questionnaire and a copy of the covering letter to the questionnaire may be found in Appendix A, on pages 32 and 33 respectively.

The study group also obtained information from twenty-nine Military Nurse Corps Officers currently enrolled in the Ward Administration and Supervision Course, as to opinions concerning the relative values of the Army Health Nurse. One question was distributed to this student group, namely,

"In your opinion of what value is the Army Health Nurses
to the Army Nursing Service?"

CHAPTER III

PRESENTATION AND INTERPRETATION OF DATA

A total of fifty-two questionnaires were distributed to selected Military Nurse Corps Officers. Of this number forty-one or 78.8 per cent were returned either partially or entirely completed. The questionnaire data revealed that the majority of nurses studied had completed eight or more years of military service; were currently serving in Company Grade; and were assigned the Military Occupational Specialty, 3431 -- Army Health Nurse. These data are shown in Table I, on page 9.

Further, the data revealed that sixteen nurses (or 41 per cent of those studied) had had five or more years of Public Health Nursing experience prior to entering military service; and twelve Nurses (or 30.7 per cent of those studied) had had four or more years of Public Health Nursing experience in the military service.

It was the opinion of the study group that, in general, the nurses studied were professionally qualified for their assignment in that twenty-eight nurses (or 71.7 per cent) indicated they had a degree in Public Health Nursing; and five nurses (or 12.8 per cent) had earned a certificate in this field.

The data revealed that the Army Health Program had be

TABLE I

NUMBER AND PER CENT DISTRIBUTION OF NURSES
STUDIED IN RELATION TO LENGTH OF MILITARY
SERVICE, CURRENT MILITARY GRADE AND
MILITARY OCCUPATIONAL SPECIALTY

Length of Military Service	Number of Nurses Studied	Per Cent Distribution
Total	39	100.0
Less than 4 years	4	10.0
4 - 8 years	7	18.0
8 - 12 years	17	44.0
12 years or over	11	28.0
Current Military Grade	Number of Nurses Studied	Per Cent Distribution
Total	39	100.0
Major	10	26.0
Captain	24	61.0
1st Lt.	5	13.0
Military Occupational Specialty	Number of Nurses Studied	Per Cent Distribution
Total	37	100.0
3431 - Army Health	33	89.0
3441 - Communicable Dis.	3	8.0
3443 - Operating Room	1	3.0

in operation at the Posts to which the nurses studied were assigned, from less than one year to more than seven years. The personnel to whom the nurses studied were directly responsible included: Chief, Preventive Medicine; Commanding Officer; Post Surgeon; Chief, Out Patient Section; Chief, Nursing Service; Sub-Area Supervisor; and Nursing Service Supervisor; with the greater number, namely, thirteen nurses (or 33.3 per cent) directly responsible to the Chief, Preventive Medicine.

The nurses studied indicated that they had responsibility in the following areas: Well Baby Clinics; Prenatal Clinics; School Visits; Home Visits; Immunization Program; Out Patient Clinics, and that approximately four and one-half hours per week were spent in these areas.

Thirty-one nurses (or 79.4 per cent of those studied) indicated they conducted formal classes on both on and off duty time with an average of 4.4 hours per week spent in this activity.

It was interesting to note, that although twenty-six nurses (or 66.6 per cent of those studied) stated that Government transportation was furnished for duty activities, only seventeen nurses (or 48.5 per cent) indicated that sufficient funds were available for teaching materials.

In answer to the question, "What reports and records are you responsible for and to whom are they sent?" a total of twenty records and reports were listed. These items and

the frequency of occurrence are shown in Chart I, on page 12.

Nurses studied indicated these reports and records were sent to twelve places. These data and frequency of occurrence are shown on Chart II, on page 13.

Although fifteen nurses (or 38.4 per cent of those studied) stated a clerk was assigned to assist them in making out reports and records, sixteen nurses (or 41 per cent) indicated they spent from four to ten hours per week in making out reports.

It was the opinion of the study group that the need for and value of continuous orientation activities for doctors, nurses, teachers, patients, parents, and children was recognized, in that the large majority of nurses studied conducted conferences for these individuals.

Twenty-two nurses (or 56.4 per cent of those studied) indicated that School Nurses were not assigned to their respective Posts.

Duty assignments listed by the nurses studied, which were in addition to the Army Health Program duties, included: Supervisor of Out-Patient Department; Supervisor of Obstetrical-Gynecology Clinic; Nurse Officer of the Day; Property Officer, Nurses Quarters; Summer Camp Nurse; Volunteer Nurses' Club; Post Parade Duty; Supervisor of Immunization Clinic; Assistant in Out Patient Department.

CHART I

RECORDS AND REPORTS FOR WHICH NURSES STUDIED WERE RESPONSIBLE AND THE FREQUENCY OF OCCURRENCE

Records and Reports	Frequency of Occurrence
Monthly Summary Reports.....	34
Monthly Statistical Reports....	8
Daily Activity Reports.....	6
Individual Patient Records.....	6
School Student Records.....	6
Immunization Records.....	5
Out Patient Reports.....	5
Tuberculosis Reports and other Communicable Diseases.....	5
Home Visits - Own Files.....	4
Well Baby Records.....	4
Data for Sanitary Reports.....	3
Family Folders.....	3
Management Monthly Reports.....	3
Annual Reports.....	2
Referral Forms.....	2
Cancer Detection Reports.....	1
Performance Analysis.....	1
Quarterly Reports.....	1
V.A. Rehabilitation Applications.....	1
Weekly Reports.....	1

CHART II

PLACES TO WHICH RECORDS AND REPORTS WERE
SENT BY NURSES STUDIED AND THE
FREQUENCY OF OCCURRENCE

Places	Frequency of Occurrence
Chief Nurse.....	20
Chief of Preventive Medicine..	20
Army Area Headquarters.....	15
Commanding Officer.....	11
Post Surgeon.....	9
Registrar.....	8
Out Patient Department.....	7
County Health Department.....	6
Surgeon General's Office.....	5
Hospital Management Office....	2
Red Cross.....	1
State Health Department.....	1

It seemed logical to assume that, for the most part the nurses studied were satisfied with their jobs in that thirty-three nurses (or 86.8 per cent) specifically stated they enjoyed doing Public Health Nursing in the Army, and thirty-five nurses (or 89.7 per cent) indicated they had a close working relationship with other health agencies in the Community. A total of twenty-three Community Health Agencies with which the nurses studied had close working relationships were listed. These agencies and frequency of occurrence are shown in Chart III, on page 15.

Problems in the operation of an Army Health Program as stated by the nurses studied, for the most part, seemed to be related to personnel, administration, and facilities. These problems, appropriately categorized, and the frequency of occurrence are shown in Chart IV, on page 17.

A total of twenty-nine recommendations or suggestions for increasing the effectiveness of Army Health Nursing activities were contained in the data. These recommendations and the frequency of occurrence are shown in Chart V, on page 18.

CHART III

COMMUNITY AGENCIES WITH WHICH NURSES STUDIED
INDICATED THEY HAD CLOSE WORKING RELATION-
SHIPS AND FREQUENCY OF OCCURRENCE

Community Agencies	Frequency of Occurrence
County Health Department.....	23
City Health Department.....	14
American Red Cross.....	11
Visiting Nurses Association.....	11
State Health Department.....	10
Tuberculosis Association.....	6
Cancer Society.....	5
Mental Health Association.....	4
School Department.....	4
Child Guidance Clinic.....	3
Crippled Children's Clinic.....	3
Welfare Agencies.....	3
Cerebral Palsy Clinic.....	2
Junior League.....	2
Army Federal Employees Health Service.....	1
Assistante Sociale -- Orleans, France.....	1
Children's Orthopedic Guidance Clinic.....	1

Chart III (continued)

Community Agencies	Frequency of Occurrence
German Health Department.....	1
Heart Association.....	1
Parent Teachers Association.....	1
Schools for Exceptional Children.....	1
Speech and Hearing Rehabilita- tion Clinic.....	1
Virginia Medical College Clinics.....	1

CHART IV

PROBLEMS THAT OCCUR IN THE OPERATION OF
AN ARMY HEALTH PROGRAM AS STATED BY THE
NURSES STUDIED AND THE FREQUENCY OF
OCCURRENCE

Problems	Frequency of Occurrence
<u>Administration</u>	
Lack of Administration, Organization, Direction..	23
Lack of Policies, Functions, Guide Lines.....	10
<u>Personnel</u>	
Lack of orientation to Army Health Program.....	22
Lack of clerical help.....	9
Additional duties.....	4
Lack of well-qualified Preventive Med. Officers.	2
Unfair Efficiency Reports...	1
<u>Facilities</u>	
Lack of Transportation.....	13
Lack of Standard Forms.....	4
Lack of Space.....	1

CHART V

RECOMMENDATIONS OR SUGGESTIONS

Recommendations	Frequency of Occurrence
Orientation of all military personnel to the Army Health Program.....	36
Standard policies and guide lines.....	20
Standard procedures, records and reports.....	14
Better transportation facilities.....	11
Conferences with other Army Health Nurses.....	8
Orientation of the Army Health Nurse prior to assignments.....	8
Adequate clerical assistance.....	7
Well qualified Army Health Nurses.....	7
Army Health Nurse responsible to Preventive Med. Off.....	6
Better supervision from Headquarters.....	5
Health Consultant in each Army Area.....	4
Adequate equipment.....	2
Sufficient funds.....	3
Better referral systems.....	3

Chart V (continued)

Recommendations	Frequency of Occurrence
A clearly defined chain of command.....	2
Assignment of additional Army Health Nurses.....	2
Better coordination of the Medical Team.....	2
Closer contact with local and State Agencies.....	2
Establishment of Post health Councils.....	2
No additional duties.....	2
Adequate space.....	1
Another Institute in Army Health.....	1
Attendance at the Annual Public Health Convention.....	1
Continuity of Service.....	1
New Code Number.....	1
Publicity.....	1
Qualified Medical Officer in charge of Program.....	1
Relief nurse acquainted with Army Health Program.....	1
Teaching should be primary duty..	1

The data secured from the student group selected for study as to opinions about the value of the Army Health Nurse indicated that the Army Health Nurse is an asset to the Army Nursing service in that she has a specific place in the over-all operation of the Army Nursing Service through the performance of Army Health duties in the following activities and areas: Health Teaching Program; Prenatal and Post-natal Classes; Well-Baby Clinics; Immunization Programs; Communicable Disease Programs; Improvement of morale of soldier; Reduction of Out Patient Department work load; Reduction in Hospital Census; Home Visits.

CHAPTER IV

SUMMARY AND RECOMMENDATIONS

SUMMARY

This study was an attempt to determine the relative values of the Army Health Nurse to the Military Community; to recognize problems encountered by the Army Health Nurse; and to prepare recommendations for over-all improvement of the Army Health Nursing Service.

In carrying out her program, the Army Health Nurse assists in the prevention and control of communicable infectious, and crippling diseases by case findings and reports. In addition, she is responsible for teaching and counseling in family health. The educational program includes pre-natal, maternal and child health through the conduct of formal classes; demonstrations; group discussions; interviews; and conferences. Supervision of child health is carried out by clinic conferences, home visits, and school health programs.

The Army Health Nurse assists in solving physical, emotional, and economic problems of the soldier and his family by arranging the proper treatment or referral to appropriate agencies - on or off the military installation. Also, it is important that the Health Nurse evaluate the home situation of patients being released from the hospital.

to determine the feasibility of supervised Nursing care in the home.

It is important for the Army Health Nurse to establish and maintain liaison with local Public Health and Welfare Agencies on matters relative to the Army Health Nursing Program. In order to have full co-operation and understanding of the Army Health Nursing Program, the Army Health Nurse has need to establish a good working relationships with her own installation by participating in conferences, at all levels, with hospital staff and personnel.

In order to best accomplish this research, the group formulated these objectives:

1. To gather and evaluate the opinions and attitudes of a selected group to determine the values of the Army Health Nurse in the Military Community.
2. To determine the adequacy of the educational qualifications of the Army Health Nurse.
3. To show the need for a qualified Army Health Nurse.
4. To show the importance of the team approach to nursing care in order that both professional personnel and the laity can fully understand and appreciate the reasons and needs for the program.

A survey of the literature in the field of Public Health, revealed few studies concerned with the Army

Health Nursing Service pertaining to military facilities, in that the program is still in its early stage of development and growth. The first Army Regulation was published in January, 1950 with rather vague policies set forth -- permissive only in content. In August, 1955, a revised Regulation, Army Regulation 40-551 was published in which it was stated that an Army Health Nurse will be required on a full-time basis wherever an Army Health Program is in effect, and that she will work in coordination with a Preventive Medicine Officer under the direction of the installation surgeon.

Additional information was obtained from papers written by Lt. Col. James P. Pappas and Colonel Thomas G. Faison which were published in the U. S. Armed Forces Medical Journal and a paper, "The Army Health Nursing Program," which was presented by Major Elizabeth Pagels at the Army Health Institute held in Washington, D. C. May, 1955.

It was the opinion of the study group that the following assumptions seemed logical:

1. That the Army Health Nurse is not being utilized to her fullest capacity on Military Installations in the performance of her duties.
2. That there is a lack of knowledge and understanding regarding the functions of the Army Health Nursing

Service due to inadequate orientation of all military personnel and their dependents.

3. That the need is great for formulating standard policies and well-defined lines of communication for the proper implementation of the Army Health Nursing Service.

4. That a central agency is needed for guidance, consultation, and a general exchange of ideas for better continuity and coordination of the program.

In order to best approach the problem, Department of Army Regulation 40-551 "The Army Health Nurse Program" was used as a guide. Further, to ascertain an over-all picture of the programs being carried out by Army Health Nurses in different commands throughout the Army, questionnaires were distributed to fifty-two Army Health Nurses.

It was the opinion of the group that officers currently assigned to Army Health Nursing duties could best supply data pertinent to the study. It seemed necessary to know about the military status of Army Health Nurses; their military experience in Army Health Nursing; their current duties and responsibilities; and to secure their opinions about how the Army Health Nursing Program might be improved.

The study group also obtained information from twenty-nine Army Nurse Corps Officers currently enrolled in the Ward Administration and Supervision Course, as to

opinions concerning the relative values of the Army Health Nurse. The question was distributed to this student group, namely, "In your opinion of what value is the Army Health Nurse to the Army Nursing Service?"

A total of fifty-two questionnaires were distributed to selected Military Nurse Corps Officers. Of this number forty-one or 78.8 per cent were returned either partially or entirely completed. The questionnaire data revealed that the majority of nurses studied had completed eight or more years of military service; were currently serving in Company Grade; and were assigned the Military Occupational Specialty, 3431 -- Army Health Nurse.

Further, the data revealed that sixteen nurses (or 41 per cent of those studied) had had five or more years of Public Health Nursing experience prior to entering military service; and twelve nurses (or 30.7 per cent of those studied) had had four or more years of Public Health Nursing experience in the Military Service.

It was the opinion of the study group that, in general, the nurses studied were professionally qualified for their assignment in that twenty eight nurses (or 71.7 per cent) indicated they had a degree in Public Health Nursing; and five nurses (or 12.6 per cent) had earned a certificate in this field.

The data revealed that the Army Health Program had been in operation at the Posts to which the nurses studied

were assigned, from less than one year to more than seven years. The personnel to whom the nurses studied were directly responsible included: Chief, Preventive Medicine; Commanding Officer; Post Surgeon; Chief, Out Patient Section; Chief, Nursing Service; Sub-Area Surgeon; and Nursing Service Supervisor; with the greater number, namely, thirteen nurses (or 33.3 per cent) directly responsible to the Chief, Preventive Medicine.

The nurses studied indicated that they had responsibility in the following areas: Well Baby Clinics; Prenatal Clinics; School Visits; Home Visits; Immunization Program; Out Patient Clinics, and that approximately four and one-half hours per week were spent in these areas.

Thirty-one nurses (or 79.4 per cent of those studied) indicated they conducted formal classes on both on and off duty time with an average of 4.4 hours per week in this activity.

It was interesting to note, that although twenty-six nurses (or 66.6 per cent of those studied) stated that Government transportation was furnished for duty activities, only seventeen nurses (or 43.5 per cent) indicated that sufficient funds were available for teaching materials.

In response to the question, "What reports and records are you responsible for and to whom are they sent?" a total of twenty records and reports were listed.

Nurses studied indicated these reports and records were sent to twelve places.

Although fifteen nurses (or 38.4 per cent of those studied) stated a clerk was assigned to assist them in making out reports and records, sixteen nurses (or 41 per cent) indicated they spent from four to ten hours per week in making out reports.

Twenty-two nurses (or 56.4 per cent of those studied) indicated that School Nurses were not assigned to their respective Posts.

Duty assignments listed by the nurses studied, were in addition to the Army Health Program duties: Supervisor of Out-Patient Department; Supervisor of Gynecological-Gynecology Clinic; Nurse Officer of the Day; Officer, Nurses Quarters; Summer Camp Nurse; Volunteer Nurses' Club; Post Parade Duty; Supervisor of Immunization Clinic; Assistant in Out-Patient Department.

It seemed logical to assume that, for the most part, the nurses studied were satisfied with their jobs in that thirty-three nurses (or 86.8 per cent) specifically stated they enjoyed doing Public Health Nursing in the Army, and thirty-five nurses (or 89.7 per cent) indicated they had a close working relationship with other health agencies in the Community. A total of twenty-three named health agencies with which the nurses studied had close working relationships

were listed.

Problems in the operation of an Army Health Program as stated by the nurses studied, for the most part, seemed to be related to personnel, administration, and facilities.

The data secured from the student group selected for study as to opinions about the value of the Army Health Nurse indicated that the Army Health Nurse is an asset to the Army Nursing service in that she has a specific place in the over all operation of the Army Nursing Service.

RECOMMENDATIONS

The data collected from Army Health Nurses who are functioning in a wide variety of installations, both in the United States and overseas areas, showed the needs expressed to be significant in that such needs were represented of all Army Health Nurses studied.

Therefore, the following recommendations are proposed by the study group:

1. That a planned orientation and publicity program on an army wide basis be instituted in order to interpret the role of the Army Health Nurse to all members of the military community.
2. That standard policies and procedures be established for use in all areas where the Army Health Nursing Program is in operation.
3. That programs of guidance, supervision, consultation and coordination with other members working in the Army Health field be established through the following:
 - a. Visiting consultants. (Army and Civilian)
 - b. Planned Program of supervision.
 - c. Planned Program of Workshops, Institutes, and Seminars with the opportunity provided for attendance.
4. That transportation be made available for army activities.

5. That duties pertaining to the Army Health Nursing Program only, be assigned to the Army Health Nurse.

6. That local health councils be formed at each installation to include the Chief, Preventive Medicine, Chief, Nursing Service, and other key personnel.

7. That a Public Health Consultant be available to each Army Area for guidance and direction and a better referral system.

8. That funds be made available to aid the Army Health Nurse in carrying out her teaching and supervisory activities.

9. That each Army Health Nurse have a clerk assigned to assist her with records and reports.

BIBLIOGRAPHY

Books

Freeman, Ruth B., Public Health Nursing Practice
Philadelphia and London: W. B. Saunders
Company, 1950.

Freeman, Ruth B., Techniques of Supervision in
Public Health Nursing. Philadelphia and London:
W. B. Saunders Company, 1950.

Articles

Cooch, Joseph W., Lt Col. M.C., "The Role of the Army
Health Nurse in Preventive Medicine Program"
Military Medicine, Washington, D. C., 312:16,
November, 1950.

Pagels, Elizabeth, Major, ANC, The Army Health Nursing
Program, Presented at Army Health Nurse Institute,
Washington, D. C., May, 1955, p. 15.

The Bulletin of the U. S. Army Medical Department, The
Role of the Visiting Nurse on a Military Post,
Vol. IX, Nr. 7, July 1949.

U. S. Armed Forces Medical Journal, A Preventive
Program, Vol. IV, Nr. 6, Washington, D. C., Depart.
of Defense, June, 1953.

Army Regulation No. 40-551, Department of the Army, Medical
Service, Army Health Nursing Service, 17 August 1955.

APPENDIX

STUDENT RESEARCH GROUP
ADVANCED NURSING ADMINISTRATION COURSE, 8-0-2, 11
ARMY MEDICAL SERVICE SCHOOL
BROOKS ARMY MEDICAL CENTER
FORT SAM HOUSTON, TEXAS

2 November 1956

Dear Military Nurse:

Our student research group in the Nursing Administration Course at the Army Medical Service School, Fort Sam Houston, Texas is attempting to determine the relative values of the Army Health nurse to the military community. We are attempting to contact all Army Health Nurses for assistance in this endeavor.

Will you please complete and return the enclosed questionnaire in the stamped self-addressed envelope provided, at your earliest convenience, but not later than 15 December 1956?

We sincerely hope that the results of this study in some way will benefit Army Health Nurses to better fulfill their responsibilities.

Sincerely yours,

Student Research Group

STUDENT RESEARCH GROUP
ADVANCED NURSING ADMINISTRATION COURSE, 8-0-27#1
ARMY MEDICAL SERVICE SCHOOL
BROOKE ARMY MEDICAL CENTER
FORT SAM HOUSTON, TEXAS

QUESTIONNAIRE

Do not write your name on this questionnaire...

Directions: Please indicate your answer by check (/)
or remarks as necessary.

To determine the relative value of the Army Health Nursing
in meeting military needs:

1. How long have you been in the military service?

Less than 4 years	_____
4 - 8 years	_____
8 - 12 years	_____
12 - 16 years	_____
16 years or over	_____

2. In what grade are you currently serving?

Major	_____
Captain	_____
1st Lt.	_____
2nd Lt.	_____

3. What is your MOS? _____

4. Do you have a degree in Public Health Nursing?

Yes	_____
No	_____

5. How much Public Health Nursing experience did you have prior to entering the military service?

Under 1 year	_____
1 - 3 years	_____
3 - 5 years	_____
5 - 7 years	_____
7 - 9 years	_____
9 years or over	_____

6. How much Public Health nursing experience have you had in the military service?

Less than 2 years	_____
2 - 4 years	_____
4 - 6 years	_____
6 years or over	_____

7. How long has the Army Health program been in operation at your present Post?

8. In your assignment as Army Health Nurse, to whom are you directly responsible?

Commanding Officer	_____
Chief of Preventive Medicine	_____
Post Surgeon	_____
Other (specify)	_____

9. In which of the following do you have responsibility and how many hours per week do you spend in each?

Well Baby clinics	_____	Hours per week	_____
Pre-natal clinics	_____	Hours per week	_____
School visits	_____	Hours per week	_____
Home visits	_____	Hours per week	_____
Immunization program	_____	Hours per week	_____
Out Patient clinic	_____	Hours per week	_____
Other (please specify)	_____	Hours per week	_____

10. Do you conduct any formal classes?

Yes _____

No _____

If yes: A. In what areas and approximately how many hours per week do you spend in teaching classes?

_____ Hours per week _____
 _____ On duty _____
 _____ Off duty _____

_____ Hours per week _____
 _____ On duty _____
 _____ Off duty _____

_____ Hours per week _____
 _____ On duty _____
 _____ Off duty _____

B. Are sufficient funds available for teaching aids?

Yes _____

No _____

11. Is government transportation furnished you for your duty activities?

Yes _____

No _____

12. What reports and records are you responsible for and to whom are they sent?

13. Do you have a clerk assigned to assist you in making out reports for which you have responsibility?

Yes _____

No _____

14. How many hours per week do you spend in making out reports?

15. Which of the following conferences do you have for orientation to the purpose and facilities of the Army Health Nursing Program?

Nurse-patient conference _____

Nurse-nurse conference _____

Nurse-doctor conference _____

Nurse-teacher conference _____

Nurse-parent conference _____

Nurse-child conference _____

16. Do you have school nurses on your present Post?

Yes _____

No _____

17. What duties, if any, do you have in addition to those in the Army health program? Please specify:

18. Do you have a close working relationship with other health agencies in the community?

Yes _____

No _____

What agencies? Please specify:

19. Do you enjoy doing Public Health Nursing in the Army?

Yes

No

Why?

20. In your opinion what seems to be the problems in the operation of an Army Health Program?

21. What suggestions or recommendations do you have for increasing the effectiveness of Army Health Nursing Activities?